

## ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 13 August 2019

**Response Date:** 23 August 2019; updated 12 September 2019

**Type of TA Request:** Complex

### Request:

The requestor asked for information regarding the amount of emergency food that is required to be stored on-hand at a hospital/ healthcare facility. He noted the 96-hour “Emergency Management Standards for the Environment of Care” requirement by The Joint Commission. However, he stated that California has different regulations – a 9-day requirement of staple foods and at least a two-day supply of perishable foods. He asked if this was accurate information.

### Response:

The ASPR TRACIE Team conducted a search online for food supply requirements, both at the national level and specific to the state of California. We also reviewed resources provided in previous ASPR TRACIE TA response documents.

Section I in this document includes several resources gathered related to 96-hour sustainability planning tools and other food supply requirements.

In addition, we reached out to ASPR TRACIE Subject Matter Expert (SME) Cadre members for feedback and information on specific regulations.

**\*UPDATED INFORMATION ON 9/12/2019:** ASPR TRACIE previously reached out to our SME at the California Hospital Association who also reached out to the California Department of Public Health to ensure the accuracy of California-specific information. **They confirmed that the California-specific requirement as noted in California’s § 70277 [Dietetic Service Equipment and Supplies](#) is accurate and the most up-to-date legal authority. It states: “At least one week’s supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises.”**

The ASPR TRACIE Team also reached out to the Centers for Medicare & Medicaid (CMS) Quality, Safety & Oversight Group (QSOG) for a response and they provided the following.

“The CMS Emergency Preparedness (EP) Final Rule under policies and procedures requires most facilities to **have (b)(1) *The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:***

(i) *Food, water, medical and pharmaceutical supplies*

(ii) *Alternate sources of energy to maintain the following:*

(A) *Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.*

(B) *Emergency lighting.*

- (C) *Fire detection, extinguishing, and alarm systems.*
- (D) *Sewage and waste disposal.*

There are no set requirements or standards for the amount of provisions to be provided in facilities. Provisions include, but are not limited to, food, pharmaceuticals and medical supplies. **However, facilities which are accredited by an Accrediting Organization (AO) should follow up with their AO to clarify the specific requirements as some AOs do require more specific provisions. Additionally, facilities should check with their state survey agencies for specific requirements under state licensure as appropriate.**

**\*\*Based on the specific provider type, please check the Final Rule requirements and subsequent Appendix Z guidance\*\***

## **Additional CMS-Specific Information:**

In February 2019, CMS updated the [State Operations Manual: Appendix Z-Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html), which addresses specific regulatory expectations. The updated document includes emerging infectious diseases to the definition of all-hazards approach; provides new Home Health Agency citations; and lists clarifications under alternate source power and emergency standby systems. It is also posted on the CMS website (under the Downloads section): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

ASPR TRACIE has developed and collected a number of resources that we encourage you to use and believe will help facilitate compliance, including the resources provided in this response. However, this does not substitute review of the final rule text and interpretive guidelines. If you have specific questions about your facility's compliance please review the interpretive guidelines, or contact your state's survey agency or the CMS Quality, Safety & Oversight Group (QSOG) at the following email address: [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov).

CMS and ASPR TRACIE are partnering to provide technical assistance and share resources and promising practices to help affected providers and suppliers start or update the documents mandated by the new Emergency Preparedness rule. Additional key resources include:

- The ASPR TRACIE dedicated CMS Rule page: <https://asprtracie.hhs.gov/cmsrule>
- The entire CMS Emergency Preparedness Rule: <https://federalregister.gov/a/2016-21404>
- The CMS Emergency Preparedness Survey and Certification Page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- CMS has [developed a Quick Glance Table of the rule requirements by provider type](#), to highlight key points of the new Emergency Preparedness rule. **NOTE:** This table is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text.
- ASPR TRACIE developed a [CMS Emergency Preparedness \(EP\) Rule Resources at Your Fingertips Document](#). Within this document are links to key resources:

- CMS' developed [frequently asked questions \(FAQ\) documents](#) that synthesizes answers to commonly asked inquiries about the CMS EP Rule.
- The FAQs, in combination with the CMS [at-a-glance chart](#) and [Provider and Supplier Type Definitions Fact Sheet](#), can help planners identify and address planning gaps and facilitate compliance with the regulations.
- Interested in learning more about your local healthcare coalition? [This chart](#) can help you identify the preparedness office of your state public health agency. Remember: the release of the CMS EP Rule provides healthcare coalitions a tremendous opportunity to strengthen relationships and leverage a broader group of personnel and resources to provide for the medical needs of the whole community during a disaster.
- To review the Medicare Learning Network National Call on the EP Rule, you can access the PowerPoint [slides, transcript, and audio recording here](#).

## I. Tools and Other Resources

American Society for Healthcare Engineering. (2008). [A Process for Determining Sustainability During Emergencies: Dealing with the 96 Hour Rule](#). Inside ASHE; September-October 2008 edition.

This article addresses the sustainability process and its two categories: Pre-planning, and Response Activities. It also includes sample charts to explain the various elements/factors to be considered when planning for sustainability.

ASPR TRACIE. (2019). [The Exchange: Issue 8](#).

This issue of The Exchange focuses on lessons learned, trends, and future initiatives shared by support service staff in response to mass casualty incidents (MCIs). The professionals interviewed represent the nutritional, pharmaceutical, and blood supply fields, and shared their experiences with specific incidents (primarily mass shootings and hurricanes). They also discussed trends in their respective fields and how they are anticipating and planning to overcome challenges, should another MCI occur. **NOTE:** Refer to the article titled, “Nutrition and Meal Plans: An Often Neglected Pillar of Healthcare Emergency Planning.”

California Hospital Association (2013). [California Hospital Emergency Food Supply Planning Guidance and Toolkit](#).

This document provides guidelines and tools that hospitals can use when planning for emergency food supplies to comply with regulatory requirements. It includes planning assumptions, regulatory references, sample planning calculation tools, and other resources. **NOTE:** “Appendix A – Emergency Food Planning – Selected Regulatory References” provides regulatory code specific to California and states the following: “At least one week’s supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises.” A copy of California’s § 70277. Dietetic Service Equipment and Supplies can also be found [here](#).

Iroquois Healthcare Association, and Healthcare Association of New York State. (n.d.). [96 Hour Sustainability Tool](#). (Accessed 8/16/2019.)

The 96 Hour Sustainability Tool (Excel document) will assist in determining sustainability by calculating the number of hours in which resources and assets (RA) may be sustained, based on census and inventory data.

Kaiser Permanente, and Healthcare Continuity Management. (n.d.). [Extended Preparedness](#). (Accessed 8/16/2019.)

This two-page document includes a template table, which identifies strategies and vulnerabilities for continuity of operations for specific critical supplies and issues to be sustained for 96 hours.

Miller, J., Braun, M., Yniguez, C., and Foulk, G. (n.d.). [Building a Regulatory-Compliant Emergency Nutrition Plan. California Hospital Association](#). (Accessed 8/16/2019.)

This presentation provides regulatory information, best practices, recommendations, and an all-hazards approach to hospital disaster meal planning.

Russell, M., and Williams, E.R. (2015). Emergency Management Coordinator's Handbook for Hospitals. (Document attached.)

This book is available for purchase; however, Figure 3.6 (provided as an attachment to this response) includes a sample contingency plan template for healthcare facilities.

The Joint Commission. (2019). [Emergency Management \(EM\) \(Hospital and Hospital Clinics / Hospitals\). Plans - Emergency Management 96 Hour Plan](#).

The information on this webpage addresses whether organizations are expected to remain sustainable for 96 hours. The Joint Commission states, "The health care organization is not required to remain fully functional for 96-hours, but is required to develop an understanding of their capabilities and limitations in order to make effective decisions concerning the progressive curtailment or stopping of services in an organized and prioritized way so as to maintain those services most applicable to the emergency situation for as long as possible."